


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000041092 1. Entity Name TIFFANY SPALLONE, D.M.D., P.A.						FILED 04 DEC 10 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2166 58TH AVENUE VERO BEACH, FL 32966				Mailing Address 2166 58TH AVENUE VERO BEACH, FL 32966			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR 16-1648916				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPALLONE, TIFFANY DMD 2166 58TH AVENUE VERO BEACH, FL 32966				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div></div> <div></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SPALLONE, DR. TIFFANY DMD 2166 58TH AVE. VERO BEACH, FL 32966			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another I'm empowered.							
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Tiffany Spallone DMD PA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> Date 12-1-04 </div> <div> Daytime Phone # 772-234-5651 </div> </div>							